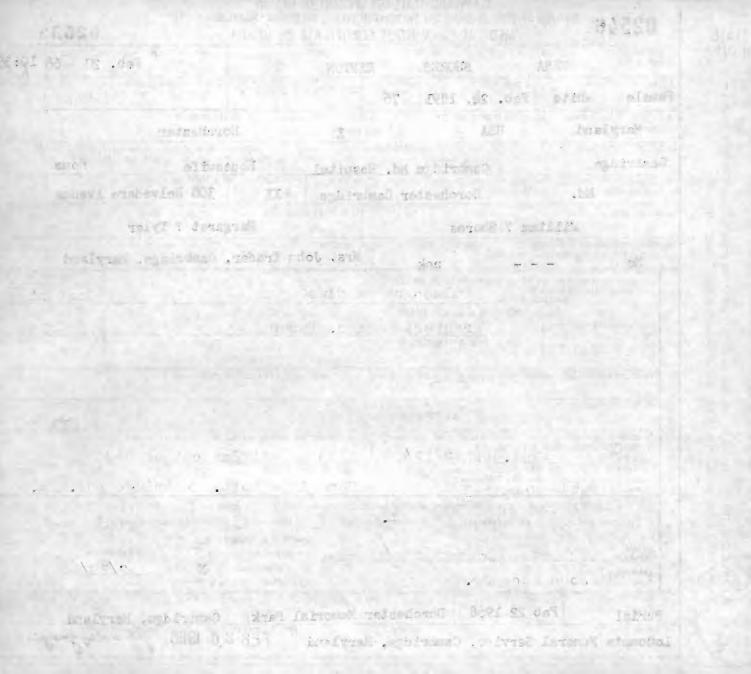
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02532 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First Middle Last 20 DATE KNOWNEAD Month Dov Year (Type or Print) Feb. 1068 ESTI-VERA SHORES 20 Page BENTON DEATH MATED 4. RACE 6 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d. HOUR last harthday) White Female 1891 Month Dov Feb. 24. Year 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH arm country) Maryland USA Dorchester WIDOWED T DIVORCED [Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office along with INDUSTRY Home give street address)
Cambridge Md. Hospital during most of working life, even if retired.) Cambridge death. 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN admission) STATE MA 13b. COUNTY Dorchester Cambridge 308 Belvedere Avenue YES NO I and 2 after 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle William ? Shores Margaret ? Tyler 24 in 1 haurs Examiner's pages 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. within 17. INFORMANT (Yes, no. or unknown) Mrs. John Trader, Cambridge, Maryland unk File . = APPROXIMATE INTERVA be executed within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH forwarded to the Chief Medical PART I. DEATH WAS CAUSED BY: pending" Pulmonary embolus Instant IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if ony, which gove Fracture neck r. femur days rise to immediate couse (a). certificate shauld writing the ward dny DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse . = and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) removal CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, pe YESX X 5 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) should 4 shauld MEDICAL PRIMARY TOR CONTRIBUTING crematian, Slipped getting out of bed CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote factory, office building, etc.) WHILE MOT WHILE AT WORK Cambridge Hosp. Cambridge Dor. Md. Page Hospital 220. I certify that I took charge of the remains described above, held on Autopsy [x]. for Inspection . Inquiry ond in my opinion director. death resulted from: Notural couses Accidenty Homicide Suicide . Undetermined monner Dease CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** may John Mace Jr. NAME (Type) ADDRESS(Street, city, town, or county) the 50 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (State) Dorchester Memorial Park Feb 22 1968 Cambridge, Maryland 24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland VR A15ME (5) 10M REV. 1/68



FEET.	
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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02548 02534 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type or print) Feb Manth GEORGE COOK, Jr. IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years Male last birthday) DAYS HOURS White MONTHS Aug. 13, 1882 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Maryland Dorchester USA WIDOWED | DIVORCED / 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR give street address)

Cambridge Md. Hospital during most of working life, even if retired.)

Bookkeeper—Retired INDUSTRY Cambridge 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER admission) STATE Me 13b. COUNTY Dorchester Madison Deep Point YES NO T Middle 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First George Margaret Gray Cook. Sr. 16b. SOCIAL SECURITY NO. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no or unknown) Mrs. Walter D. North, Woolford, Md. 21677 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE Canditions, if any, which gove) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19o, DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

Month Day Year

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No.

NO I

20a. AUTOPSY?

YES 🗍

21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)

19 6 A, and that in (my) (our) opinion death occurred an the date and hour and from the

CAUSES OF DEATH?

City or Town

23d. LOCATION (City or Town)

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING

State

While Nat while at work 22a. I certify that (1) (this hospital) attended the deceased from Fully, 1968, to Fel 3, 1968, that (1) (we) last sow the deceased alive on Filter

PHYSICIAN'S

NAME (Type)

21d. INJURY OCCURRED

210. ACCIDENT WAS UNDERLYING

TOR CONTRIBUTING CAUSE OF DEATH

(If either, notify medical examiner)

couses stated obove, (I) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE

ATTENDING DEGREE PHYS 22e. ADDRESS MED. DIRECTOR

Locust St., Cambridge, Md.

22c. DAJE SIGNED

23a. BURIAL, CREMATION,

Feb 26, 1968 BEMOVAL (Specify)

ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Dorchester Memorial Park

2So. REC'D BY REGISTRAR

(County) (State) Cambridge, Maryland

VR A15 (4) 30M REV. 1/68

death.

burial, cremation, or removal, and in any event, within 72

the ottending physician and campletely filled sit permit. Then please remove carbon paper

signed by the burial-tronsit p

Page 4 may be retained by the hospital or ottending physician.

O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to I

requires that the death certificate be executed within 24 hours after death.

24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland

216. TIME OF INJURY

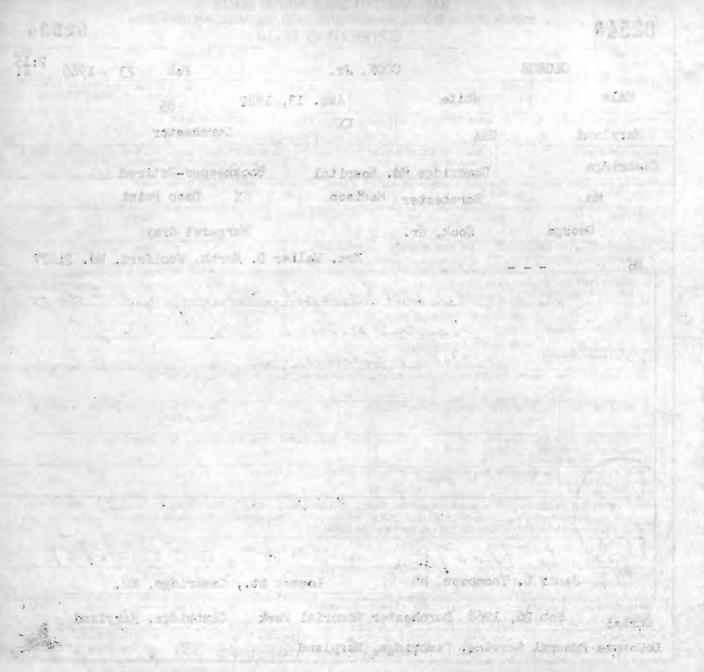
P.M.

HOUR A.M.

James U. Thompson, MD

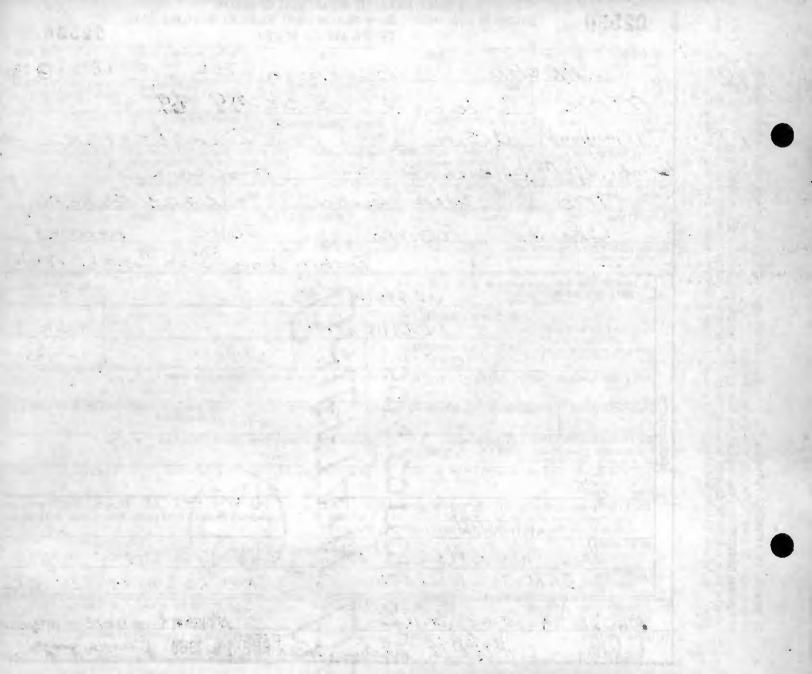
2Sb. REGISTRAR'S SIGNATURE

County



MAKTLAND STATE DEPARTMENT OF HEALTH 02549 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02535 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH First 2b. HOUR OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. (Type or print) please remove corbon papers. [Pages 1] I, and in ony event, within 72 hours offer 3. SFX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF LINDER 24 HRS. last birthday) YRS. SHTHOM DAYS HOURS 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) completely filled in WIDOWED DIVORCED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital IO. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER STATE 13b. COUNTY NO N YES 🗌 Middle 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First physicion and First ARMED FORCES? 17. INFORMA Address/ Yes, no. or unknown) (If yes give war or dates of service) buriol, cremation, or remayal, APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE_OF Conditions, if ony, which gove: burial-tronsit rise to immediate couse (a). signed by Poge 4 may be retained by the hospital or attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. CAPTER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) **10 FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to I CERTIFICATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? NO 🐼 YES 🗀 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that # (this haspital) attended the deceased fram 1440 .19 (6) and that in (my) (6) apinian death accurred on the date and hour and fram the saw the deceased alive an. causes stated abave, (1) (we) (did), (did nat) view the bady after death 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION REGISTRAR'S SIGNATUR VR A15 (4) 30M REV, 1/68

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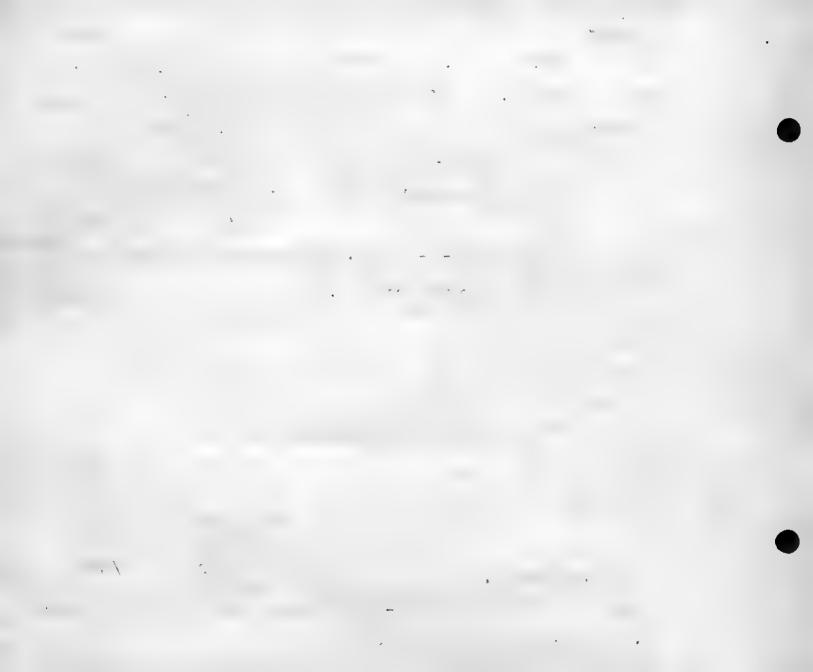
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) BLANCH ARRE! 3. SEX 4 RACE 6 AGE (In years IF JNDER 1 YEAR 1F UNDER 24 HRS. MONTH'S I DAYS lost birthdov) HOURS 1899 5 Fema YRS 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF COUNTRY? 9-COUNTY OF DEATH MARRIED TO NEVER MARRIED filled in country) WIDOWED DO DIVORCED [120 USUAL OCCUPATION (Kind of work done burial, cremation, ar remaval, and in any event, within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 125 KIND OF BUSINESS OR give street-oddress) during most of working I fe, even if retired) INDUSTRY signed by the attending physicion and campletely f burial-transit permit. Then please remave carban EASTERN 3 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY 🐷 St. Michen NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Middle Willen DON 16b. SOCIAL SECURITY NO 17 INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) I If yes give wor or dates of service) EASTERN Shore State 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any which gave) nse to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar tal CERTIFICATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🔀 this certificate 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2 Item 18.) TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) PM (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 12-27-, 1967, ta 2-13-1967, that (I) (we) last saw the deceased alive an 2-13-1967, and that in (my) (aur) apinian death accurred an the date and haur and fram the O FUNERAL DIRECTOR: After causes stated above, (I) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF DEGREE PHYS. 22e_ADDRESS 22d. PHYSICIAN S NAME (Type) BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) NANSEMOND VIR. 2/17/68 NANSEMOND CO. SUFFOLK ADDRESS 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68



. 1	MARYLAND STATE DEPARTMENT OF HEALTH 32552 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1592
HEALTH DEPT	I DECEASED NAME First M.ddle Lost 20 DATE KNOWN Month Doy	Yeor 2b HOJR
1 40	(Type or Print) Helen Clark Hollerman OF EST. 2/21	1968 11P
Poge	3 SEX 4 RACE 5 DATE OF BIRTH O AGE (n years FUNDER 1 YEAR FUNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
delay and 3 M3. Po	Female White 5/5/1895 72 YRS MONTHS DAYS MOULS MAL Month 2 Doy 21	Yeor 6 11PM
Depa 1,2,2	70 BIRTHPLACE (Stote or foreign 76 Cit.ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
	New Jersey USA WIDOWED DIVORCED Dorchester	Md
death we Page 3 with f	10. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospito during most of working life even if ratified) [IND]	KIND OF BUSINESS OR
	DUA Campriage Wa. Hospital Housewife	Home
s afte 18 Gi alang with death	130 JS_AL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN odm ssion) STATE Md 13b COUNTY Dor. E. N. Market YES NO X R F D	
haurs tem 18 Office and 2 v	14 FATHER'S NAME First Middle ost IS, MOTHER'S MAIDEN NAME First Middle	Look
haur Hem Office 1 and 2		Last
Ses Si	William Clark Jenny Bagan Too WAS DECEASED EVER IN U.S. ARMED FORCES? Tob SOCIAL SECURITY NO TY INFORMANT ADDRESS	E a r
w thin pencil xamine ile pag 72 hau	(Yes, no, or unknown) (If yes give wor or dates of service) George E. Hollerman East New	Md. Market.
d w t in pe Exar File In 72	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E nist permit F event within	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary occlusion	30 Mins.
e execute pendingi ef Medica isit permit	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if ony, which gove) (b) (b)	
should be a word "pe a the Chief ourial-transit in any even	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
she value va	lost,	
s certificate signature si	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
writing t writing t rwarded sed as a	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
te, writin te, writin farward te used a remaval,	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of Injury in Port 1 or Port 2, Item)	YES NO
-E 0 -D .		
	PRIMARY OF CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (At home form, street). 21f. OCCURRED City of Town Co.	
(AMINER: te the certi je 4 shauld faur files age 3 shau' crematian,	70 1 10 2	ounty State
EXAMINER ute the cer oge 4 shaul yaur files yaur files . Page 3 shail , crematian	WHILE NOT WHILE foctory, office building, etc.)	
Cecu Cecu Pag far Tar Tal,	220 certify that I took charge of the remains described above, held on Autopsy, Inspection [x], Inquiry,	and in my opinion
ical I	death resulted from Natural causes 🕱 , Accident 🗌 , Suicide 🔝 , Hamicide 🔲 , Undetermined manner 🗍	
direction of the stairs of the	ACTUAL CHIEF MEDICAL EXAMINER C	
PITY, ple eral di be rett RAL DI priar	SIGNATUREMD ASSISTANT MEDICAL EXAMINER 220 DATE SIGN	1 ED 58
DEPUTY (DE) stessary, please e funeral direct may be retained with principles of the principle of the princi	EXAMINER: NAME (Pipe) John Nace Jr. M.D. DEPUTY MEDICAL EXAMINER (Street, cty town, or county) Cambridge ADDRESS(Street, cty town, or county) Cambridge	
o DEPUTY DISC. necessary, please the funeral directo. 5 may be retained o FUNERAL DIRECT. Health priar to bu		inty) (State)
1	REMOVAL (Specify) 2/21/68 East New Market Cem. E.N. Market Dor.	, ,
No.	24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 2 SD REGISTRAR 5 SIGN.	
VR A15ME (5) 10M REV. 1768	Willoughby East New arket d. DATFEB 27 1968 Charles	And The second



mge 1	tems 2a &2c Film Gac MARILAND STATE DEPARTMENT OF HEALTH Lems 45 &6 birth certific records, 301 w. Preston Street, Baltimore, Maryland 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	530
HEALTH DEPT.		Yeor 25 HOUR 7 A
de As de L	Male White Aug. 17, 1917 6. AGE (in years if under 24 drs 20 DATE PRONOUNCED DEAD Months DAYS Hours Min Month Jan Day Yea	2d HOUR 19 68 PN
O TENE	o BIRTHPLACE (Stote or foreign 76 (IT ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH DIVORCED	M
death will diges		ND OF BESINESS OR RY CE Cloth
annu death	adm ssion) STATE Md 13b (COUNTY Dorchester Cambridge 13c. CTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET, AND NUMBER 13b (COUNTY Dorchester Cambridge 13c. CTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET, AND NUMBER 13b (COUNTY Dorchester Cambridge 13c. CTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET, AND NUMBER 13b (COUNTY Dorchester Cambridge 13c. CTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET, AND NUMBER 13b (COUNTY Dorchester Cambridge 13c. CTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET, AND NUMBER 13b (COUNTY Dorchester Cambridge 13c. CTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET, AND NUMBER 13c. CTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET, AND NUMBER 13c. CTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET, AND NUMBER 13c. CTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET, AND NUMBER 13c. CTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET, AND NUMBER 13c. CTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET, AND NUMBER 13c. CTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET, AND NUMBER 13c. CTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET, AND NUMBER 13c. CTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET, AND NUMBER 13c. CTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET, AND NUMBER 13c. CTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET, AND NUMBER 13c. CTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET, AND NUMBER 13c. CTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET, AND NUMBER 13c. CTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET, AND NUMBER 13c. CTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET, AND NUMBER 13c. CTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET, AND NUMBER 13c. CTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET, AND NUMBER 13c. CTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET, AND NUMBER 13c. CTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET, AND NUMBER 13c. CTY OR TOWN 13d INSIDE CTY LIMITS? 13d INSIDE CTY	
in term to the series of the desires	FATHER'S NAME First Middle .ost 15. MOTHER'S MAIDEN NAME First Middle .ost Daisy ? Mars	shall
hin nine pag	(Yes, no, or unknown) (If yes, put you in fares of service) (16) SOCIA, SECURITY NO. 220-10-6634 Mr. Fred Palmer, 501 Glodebough Ave	Cambridg Md
shauld be executed ward "pending" is a the Chief Medical burial-transit permit. In any event within	PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the under ying couse (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
his certificate ate, writing the farwarded to be used as a farward.	196 COND T ON FOR WHICH OPERATION 196 COND T ON FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Day, Year 211 EXTERNAL CAUSE WAS 212 IN TIME OF INJURY Month, Day, Year 213 EXTERNAL CAUSE WAS	AUTOPSY? YES NO TO
EXAMINER: This cute the certificate, age 4 should be for your files. Page 3 should be it, cremotion, at ref.	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH PM. 19 21d IN, JRY OCCURRED 21e PLACE OF IN, JRY (At hame, farm, street, white Not white Not white factory, office building, etc.)	y Stote
TO DEPUTY SICAL EX. necessary, please execute the funeral director. Page 5 may be retained for yo TO FUNERAL DIRECTOR: Pa Health priar ta burial, or		(State)







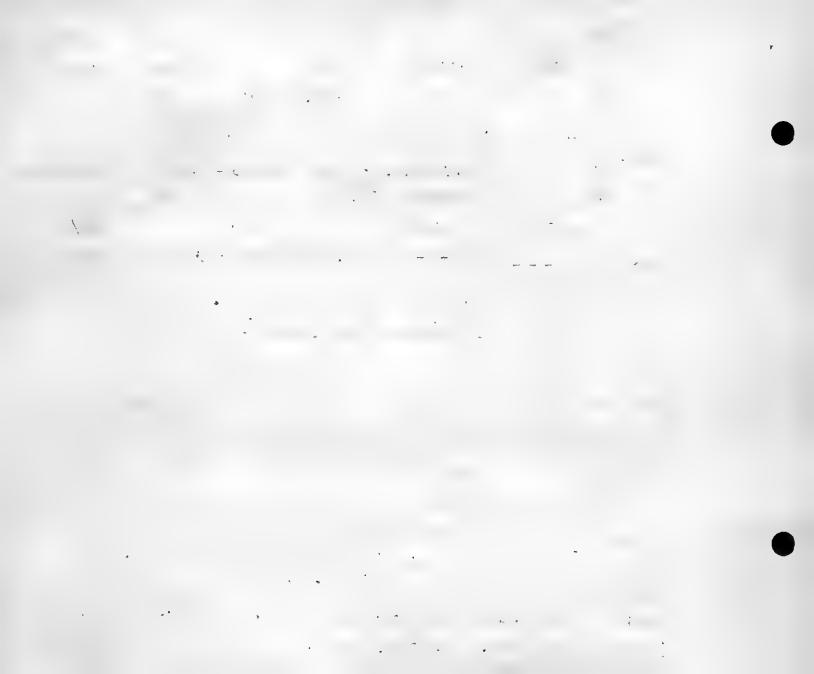
M. K.S		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	20
FOR STATE VI		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	25 1
HEALTH DERT.		ECEASED NAME First Modele Lost 20 DATE KNOWN Month Da	
lay is 13 to Poge ent of		Theodore Alvin Johnson Death Marted 2/2	
delay and 3 ing. Po	3 5	lock buffings MCMTMIC DAVC LICHTON M. b.	2d HOUR
P S S		Male Negro 2/18/68 YRS 4 Month 2 DOY 22	Year 19 68 5PAT
		BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED (S) 9 COUNTY OF DEATH	
	coun	Md. USA WIDOWED □ DIVORCED □ Dorchester	Md.
Pages Pages vith (10 (S. KIND OF BUSINESS OR
Give Forman Song will the the th.		ambridge Cambridge d. Hosp. None	703183
ofter 8 Giv along with I		SUAL RESIDENCE (Where deceosed I ved if institution Residence before 13c. CITY OR TOWN 13d. ANSIDE CITY LIMITS? 13e. STREET AND NUMBER	
2 w 2 dec	a	dmiss on) STATE Md. 136 (OUNTY Dor. Cambridge YESXX NO 620 Wells St.	
24 hours ofter deoth in Item 18 Give Page r's Office along with as I ond 2 with the Sto	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
		Theodore Alvin Woolford Jr. Ola Mae John	son
hin 24 ntál in niner's poges hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (es, no, or unknown) (If yes give were or dotes of service)	
with pen xomi	('	(es, no, or unknown) (If yes give wer or dotes of service) None Ola Mae Johnson 620 Wells	St. 21613
F E E		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
be executed pending" in ited Medical Eural permit. Fevent within		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Peritonitis, perforation stomach	l day
Med modern		.560 2 DUE TO, OR AS A CONSEQUENCE OF	
be pe nasignation		(conditions, if ony, which gove) (b) Volvus with high intestinal obstruction	?
ord ord ord ord ord ord ord ord ord ord		rse to mmed ate couse (a) stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be executed we ward pending" in the Chief Medical Exburial fronsit permit. Fire only event within it		lost. (c)	
\$ = = 0 0 0		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
fica ing rdec os os	z	570.3	
is certific te, writin forward forward e used or removal,	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERAT ON	20. AUTOPSY?
This cote, se for the cote for	꾪	WAS PERFORMED?	YES TE NO
Figure 1	=	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 216 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item PRIMARY TOR CONTRIBUTING THOUR A.M.	18 }
NER: TI certifice hould be iles. should I	MEDICAL	CAUSE OF DEATH P.M. 19	
AMINER: e the cert e 4 should our files. age 3 shou cremation,	¥		County State
EXAMINER: cute the cert oge 4 should oge 4 should r your files. Page 3 should cremation.		WHILE NOT WHILE TOCTORY, OTTICE building, etc.)	
Poctor Po		22a. I certify that I took charge of the remains described above, held an Autapsy 🔀, Inspection 🗍, Inquiry 🗍,	and in my apinian
ICAL B exe tor. P ed fo CTOR		death resulted from: Natural causes 🔀 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🔲]
please of director retained or to bu		CHIEF MEDICAL EXAMINER	
		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE SIGN	
Ssory, someral by be r		DEPUTY MEDICAL EXAMINER X 3/6/6	58
ro DEPUTY necessory, F the funeral 5 may be n to FUNERAL Health price		NAME (Type) John Mace Jr. M.D. ADDRESS(Street, cty, town or county) Cambric	dge. Md.
5 5 5 × 5 × 5 ×	23a	BURIA, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Co	ounty) (Stote)
		Burial 12/21/00 Bethel Cemetery Cambridge Dor	Md
15.0	24	ADDRESS 250 REC D BY REGISTRAR 250 REGISTRAR 3 SIGN AMAR 1 9 1988 WILLIAM	
VR A15ME (%)	1	tudenil (Hair Cambridge, Id. DATE MAR 1 2 1968 House	10



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 32556 CERTIFICATE OF DEATH Middle DECEASED-NAME First East 2a DATE OF DEATH 2b HOUR signed by the attending physician and completely filled in by the fureral burial-transit permit. The≡ please remove carbon papers. Fages 1 and 2 burial, cremation, or removal, and in any event, within 72 hours after deaths: (Type or print) RENNIE WINGATE **JONES** Month Feb 1968 6 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS. White Sept. 6, 1913 last bythday) Female requires that the death certificate be executed within 24 hours 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED country) Maryland Dorchester USA WIDOWED [DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Cambridge give street address) during most at warking life, even if retired)
Seaf Ood-Rousewife Seafood Home Cambridge Md. Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institut an Residence before 13e. STREFT AND NUMBER 13d. INSIDE GTY LIMITS? admission) STATE Me 13b COUNTY Dorchester None YES 🗀 NO CT Head 14. FATHER'S NAME M.ddle 15 MOTHER'S MAIDEN NAME First Middle First Last Wingate Cora Todak Lemuel 7. INFORMANT 7. INFORMANT Mr. Henry Jones, Bishops Head, Maryland 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no ar unknawn) (If yes give war or dates of service) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line fat_(a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Cand trans, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use as the l Page 4 may be retained by the hospital or attending has been s 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES/X NO I FUNERAL DIRECTOR: After this certificate he director, page 3 should be detached for use should be filed with the State Dept. of Health 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22o. I certify that (I) (this hospital) attended the deceased from. and that in (my) (our) aginion death accurred on the date and hour and from the sow the deceosed olive oncouses stated above, (I) (we) (did) (did not) view the body ofter death. 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** MED DIRECTOR **DEGREE** PHYS 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY

Dorchester Memorial Park 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL CREMATION 23b DATE Cambridge, Maryland 1968 Feb 6. BENOVAL (Specify) 0 A FUNERAL DIRECTOR

LeCompte Funeral Service, Cambridge, Maryland 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 1968 DAFEEB 30M REV, 1/68



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OR STATE		1.255	to a				ERTIFICATI			10 21201		, 254	.5
DEPT.		ECEASED NAME (ype or Print)	Brian	1	David		Kerric	k	20	OF ESTI-	-016	/	26 HOUR
		ale	4 RACE White	5 DATE OF BIR 11/8/		6, AGE (In years ost birthday) YF	MONTHS DAYS		# HRS 20	DATE PRONO Month 2		6 Year 1968	AM N
pages fand z with the Stare Departhours after death.	canu	BIRTHPLACE (State		USA	AT COUNTRY?		ARRIED NEVER M	VORCED		y of DEATH Dorche	ster		W
99	C	ity or town of ambrid	ge	g D c	reet oddress) A Cam	bridge	ON (finot in hospite Md. Hosp	duting (most of w	PATION (Kind orking life ev	of work done en if retired)	126 KIND OF BUILDUSTRY	SINESS OR
after death.	13o a	USUAL RESIDENC im ss on) STATE	F (Where deceosed VId.	lived, if institu	ion: Residence Dor •	before 13c (II	or town bridge	YES ★ NO		STREET AND	NUMBER Appl		
, Jan	[14. F	ATHER'S NAME B	First ernard	Middle	Kerr	lost ick	15 MOTHER S M		First		Middle	Morgan	st
	16a. (Y	es, na, or unknow	R IN U.S. ARMED FO	RCES? ir or dates of service)	16b, SOCIAL SEC Not		17 INFORMANT Hospita	l Rec	ords		ooress bridg	e, Md.	
removal, and in any event within		Conditions, if an rise to immedistating the unitest.	ny, which gave ate cause (a), derlying couse	BY: CAUSE (a) S DUE TO, OR (b) DUE TO, OR (c) (c)	ubdure As a conseque As a conseque	Hem HCE OF	orrha : e		ONDITION (GIVEN IN PART	I(a)	APPROX MAIL BETWEEN ONSE	INTERVAL ANO OFATH
1	CERTIFICATION	19a. DATE OF OF	PERATION		19b. CONDITION WAS PERF		PERATION					20. AUTOPS	
,	D CAL	CAUSE OF DEATH	CONTRIBUTING [5AM P.A	NJURY Manth, D 2/6/6	589	21c How MJURY (Beaten)	by fat				ftem 1B.)	-
	2	21d ANJERY OCC WHILE NO AT WORK A	WHIE FIGURE	ACE OF INJURY (A Iry, affice building IME	t hame tarm, s , etc.)	street,	317 E.		by A	City or Town		ge, Dor	State Md
<i>d</i>			Julted from.		es [], A	ccident [],	M.D AS		EXAMINER CAL EXAMINER EXAMINER	NER 🗆	ned monner	E SIGNED	ny opinion
Hearth prior to burial, crem	E	BUR AL REMAT REMOVAL (Specif UTIAL	y) 2	ATE /8/68		Kendre	or crematory e Cemet	ery	23d .C Rhc	ocation (cry o		(County) (S	Stote)
(5) 5	24	funeral director 1.1.1.0 u.g.	IR .	E		ADDRESS	ket, Md	2So REC'D	BY REGIST	RAR 2S	B REGISTRAR		

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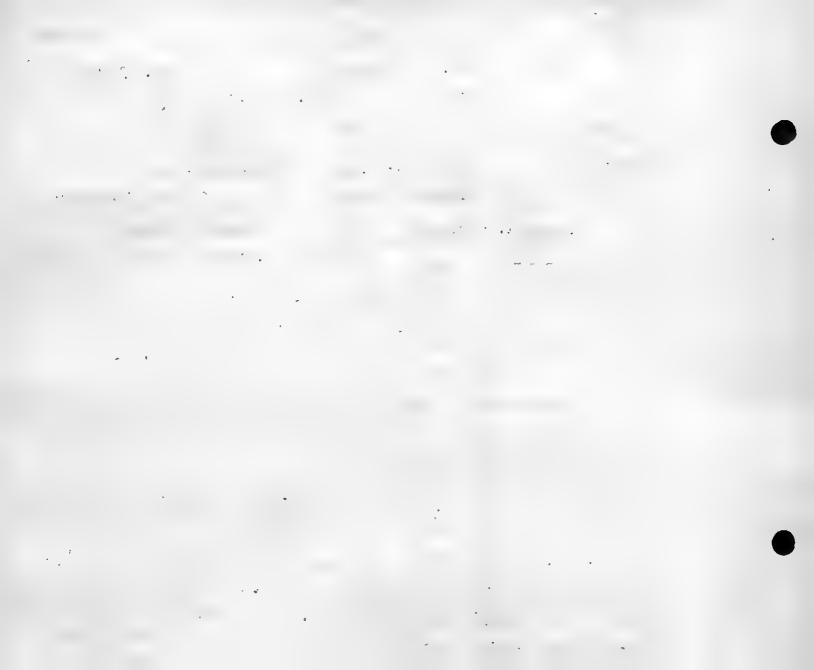


)) 1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
9	CERTIFICATE OF DEATH							
death.		CERTIFICATE OF DEATH O 2544 DECEASED-NAME Type or print) Jerusha L." Lowe CERTIFICATE OF DEATH 20. DATE OF DEATH 2 Manth 17 Day 1968ar M						
24 hours after death of in by the transition of in 72 hours after death	3. 5	EX 4. RACE S. DATE OF BIRTH, 6. AGE (In years if under 1 YEAR IF UNDER 24 HBS. Female White 10/20/1881 6. AGE (In years if under 1 YEAR IF UNDER 24 HBS. MONTH'S DAYS HOURS MIN.						
4 hours	7o. cau	BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED NEVER MARRIED DORCHESTER Md.						
1 2 a f	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during pasts of many land land land. 12b. KIND OF BUSINESS OR INDUSTRY						
om le con event	13a adn	USUAL RESIDENCE (Where deceased lived, if institutions: Residence before list CITY OR TOWN, list institution list in the list institution list institution list in the li						
be execut and com eremove in any ev	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN, NAME FIRS Middle Lost Janes Hurley. Middle Lost Jane (Unkn)						
ertificate b physician oval, and i	160	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, ng-peynknown) (1: yes give war or dates of service) 213-01-2434 Mrs. Marie L. Hastings, address bridge, Md.						
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executege 4 may be retained by the hospital or attending physician. 5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comdinector, page 3 should be detached for use as the burial-transit permit. Then please remove should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any every	3	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Line Stating the underlying cause (c). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Line Stating the underlying cause (c). Carelia Mallitus						
	MEDICAL CERTIFICATION	While Not while						
OR ATTENIOR DIRECTOR: 4		22a. I certify that (I) (this haspital) ottended the deceosed from						
TO HOSPITAL Page 4 may TO FUNERAL director, pag should be fil	_	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR (REMATORY Cast New Market, Md. (Stote)						
VR A15 (4) 30M REV. 1/68	24	NEUWAM FUNE PAL HONE, Sharptoun, M; DATE FFB 2 3 1988 Volumes Judges						



		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	.2545
HEALTH DEPT.	1 0	DECEASED NAME First Middle Lost 20 DATE KNOWN Month	Day Yeor 2b HOUR
-2/2) ST 5	(Type or Print) MARGARET FEAR MCKENNA DEATH MATED = 2-	29 1968 11 M
<u>s</u> call	3 5	EX 4 RACE S. DATE OF BIRTH 6. AGE (1) years F UNDER 1 YEAR IF UNDER 24 HRS 24 DATE PRONOUNCED DEAD	2d HOUR
To see the second	_	emale white 10-13-85 8248	Yeor 19 68 10 4 M
	7o.	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED MEVER MARRIED 9 COUNTY OF DEATH	
for far		"MARY/AND U.S.H WIDOWED DIVORCED DESTRIC	X WID
after deoth 8. Sive Poges clong with far with the State	10	CITY OR TOWN OF DEATH 11 NAME OF MOSPITAL OR INSTITUTION (If not in hospital) 120, USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
er d vive ng v n the	120	AMBTI dae gyb street oddress) Share Stark Hosp Hair Dresser LSUAL RESIDENCE Where deceased hyed, if institution Residence before 13c CITY OR TOWN The start of working life, even if retired) LSUAL RESIDENCE Where deceased hyed, if institution Residence before 13c CITY OR TOWN The start of the start o	
affr 8. G alor with	130	STATE AND HOLLING WAS ASSETTED AND ASSETTED ASSETTED AND ASSETTED AND ASSETTED AND ASSETTED ASSETTED AND ASSETTED ASSETTED AND ASSETTED ASSETT	4
hours afte Item 18. G Office alon Iond 2 with	14 6	FATHER'S NAME CITES Middle LOSS IS MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE NAME FIRST MIDDLE NAME FIR	Lost
t he lite to the off		BOSTAN FEAR LACKNOE ELIZADE H	FEAR
hin 24 ncil in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO 117 INFORMANT ADDRESS	16-41
d within 24 hours af in pencil in Item 18. Examiner's Office ale File pages Lond 2 wi in 72 hours ofter dea	()	(1) yes give war orderes of service) Not listed Eastern Shore State Hosp, (Med. Records)
be executed wit "pending" in pe nief Medical Exar ansit permit. File event within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
cute dica with		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Pulmmany Um bolom	6 Hours
exe endi Me it pe		DUE TO, OR AS A CONSEQUENCE OF	
be hief		Conditions, if any, which gave a rise to immediate couse (a). (b) FX (L) termus	1 month
should be executed ne word "pending" in the Chief Medical burial-transit permit.		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
she v he v to th		los1. (c)	
LITY SICAL EXAMINER: This certificate should be executed within 24 hours after deoth iny, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages' lerot director Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm be retained for your files. RAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages lond 2 with the State Parior to burial, cremation, or removal, and in any event within 72 haurs ofter death.		PART 2. OTHER SIGNIF.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ertif writii wan wan	CERTIFICAT ON	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
is control for the control for	E E	WAS PERFORMED?	YES NO
VER: This certificate, writh nould be forwardes. should be used should be used tion, or remova	CE%	2.0 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, I	tem 1B)
ER: certi ould es. shou	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. 1/26 19 68 Fell in home	
	墨	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, white compared foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
ICAL EXAMINER: e execute the cert for Page 4 shoul ed for your files. CTOR: Page 3 shou burrol, cremation,		AT WORK AT WORK C	aroline
AL S Xect Tor for OR:	-	220. I certify that I took charge of the remains described obove, held an Autopsy,Inspection,Inquiry _	
JIY DICA IV. please e erot director be retained RAL DIRECT prior to bu		deoth resulted from: Notural causes Accident Suicide, Homicide, Undetermined monner	
please direction of to the total		ACTUAL CHIEF MEDICAL EXAMINER	CIONER
JTY Dy. Perot Be prin		SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY	1991/6
To DEPUTY SICAL EXAM necessary, please execute the funerof director Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to buriol, cremited the second of the secon		EXAMINER'S NAME (Type) OHN MACE JR ADDRESS(Street, city town or county)	21/61
10 To He	230	BUR AL TREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (CTV or Town)	(County) (Stote)
4	1	SECONORD CONCORD CONCORD	CAR, MD.
VR A15ME (5)	24	FUNERAL DIRECTOR ADDRESS ADDRESS 250 REC D BY REG STRAR 250 REC D BY REG STRAR 1968 400 100 100 100 100 100 100 10	SIGNATURE YOURS
VR A15ME (5)' 10M REV 1/68	6	Illingil Moore toon Danton my DATE MAR 5 1968 for	-0





X1		MARTIAND STATE DEPARTMENT OF HEALTH	
	Ete	DIVISION OF VITAL RECORDS, SUL W. PRESION SIREEL, BALLIMORE, MARTLAND 21201	-1254
<u> </u>		EASED-NAME First Middle Lost 2:0 DATE OF DEATH	25 HOUR
Dan L		pe or print) ManGARET C. Negl 2 Month / 7Day	
EB S). SE)	Female white 4-27-01 bog Hyrs.	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN.
Duridi, Gertalilan, or temavai, and in any eveni, wintin 72 hau	o. B	RTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	/
11	0_01	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12 a USUAL OCCUPATION (Kind of work dane	126 KIND OF BUSINESS OR
-	0	ambridge give street oddress) Shore at Aduring most of working life, even if retired)	INDUSTRY
11 m	30 I	ISUAL RESIDENCE (Where deceased lived, if institution: Residence before) 13c CITY OR TOWN 136 INSIDE CITY LIMITS? 13e STREET AND NUMBER sion) STATE ND. 13b. COUNTY Carolina Denton YES NO 12 12 130 X 2	23B DENTOM
1	14. F	THER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last
	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT / Address	erson
	Ye	s, no, or unknown) (If yes give war or dates of service)	amb. Md.
	П	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY.	APPROXIMATE INTERVA. JETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (o) TREATMENT MARCH	1 WEEP
		Conditions, if any, which gave (b) (5 4444 SAL 28A CONTINUE CONTIN	2 yours
	- 1	rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF	- /EHI23
		(c) (c)	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	ATION	19a. DATE OF OPERATION 96. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS OF	ONSIDERED IN CERTIFYING
¥ .	CERTIFICATION	YES NO CAUSES OF DEATH?	
		210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, HOUR A.M. Month Doy Year	Item 18.)
		If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. City or Town While - Not while	County State
	4	t work at wark	2.2
-	ſ	22a. I certify that III (this haspital) attended the deceased from May 8 , 1965, to 1017, 1965, and that in (my) (1965) appinion death occurred and the day	68_, that (1) (***) las
-1		causes stated above, (I) (aid) (did) net) view the body after death.	ite and haur and tram th
		22b. SIGNATURE 22c. SIGNATURE NIP SPEEL ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	DATE SIGNED 2 - 17-68
		12d. PHYSICIAN'S NAME (Type) EDW AND LEWIS - 22e. ADDRESS (Cambridge)	mel -
2		BURIAL, CREMATON, 1236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town)	(County) (State)
	24 8	ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
38		harley. Kloric Denlow had DATEFA 2 6 1968 Killer	S. C.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 72562 CERTIFICATE OF DEATH 0254 mDECEASED NAME M:ddle First Lost 20. DATE OF DEATH 2b. HOUR 24 hours after death (Type or print) 10 Month NELSON HORATIO FER 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years FILMOFR 1 YEAR F UNDER 24 HRS please remove cathon pagers. Pages I and in any event, within 72 hours after WHITE last buthday) RHTHOM DAYS HOURS 7-25-88 MALE 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED X NEVER MARRIED DORCHESTER WIDOWED DIVORCED [signed by the attending physicion and complètely miled burial-transit permit. Then please remove cathon page 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within during most of working life, even if retired.) give street address) INDUSTRY AMBRIDGE -ASTERN OHO **D FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and camplete director, page 3 should be detached for use as the burial-transit permit. Then please remove calculates should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13d. INSIDE, CITY LIM TS? 13e. STREET AND NUMBER requires that the death certificate be executed 33b. COUNTY. YES NO 14. FATHER S NAME IS. MOTHER'S MA DEN NAME First Middle Lost Middle NELSON INERVA KOOKEly HORATIO 160. WAS DECEASED EVER IN a. S. ARMED FORCES? **16b. SOCIAL SECURITY NO** Address Yes, no, 91 urknown) 285-07-18350 EASTERN APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY WK UREMIA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF MO. YLONEPHRITIS Canditians, if any, which gave) nse ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying couse: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) SEVERE CACHEXIA 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO [O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Stote City or Town County While Not while at wark 220. I certify that (1) (this haspital) attended the deceased from FEB 23, 1968, to FEB 24, 1968, that (1) (we) lost saw the deceased glive on FEB 24 19 6 2 and that in (my) (our) opinion death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c DATE SIGNED MED DIRECTOR PHYSICIAN'S 22e ADDRESS SEAN KILLORAN 7415 NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a, BURIA., CREMATION, REMOVAL (Specify) FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68

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,	1	3567		D STATE DEPARTMENT OF		
ı		,2564		301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH		02550
	I D	ECEASED NAME First	Middle	Last	2g. DATE OF DEATH	2b HOUR
		Type or print) ROBER		REESE	FEBRUARY 10	
	3. SI		4 RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.
		MALE	NEGROTO		1909 last birthday) YRS.	MONTHS DAYS HOURS MIN
		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIED	9. COUNTY OF DEATH	
	ÇQUI	VIRGINIA	USA	WIDOWED DIVORCED	DORCHESTER	Md
	10 (ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN:	during	UAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
	10.	CAMBRIDGE			mosA of west and life, even if retired.)	OYS. SHUCKER
	odm	SSPARYEAND	d lived, f institution Residence before	CAMBRIDGE 133. INSIDE CITY	NO 610 WELLS S	TREET
	14	FATHER'S NAME First	Middle Last	1s. MOTHER'S MAIDEN NAME	First Middle	Last
,		CHARLES	REESE		GIE	REESE
		WAS DECEASED EVER IN U.S. ARMI	r or deter of senuce)		Address	
		NO	214-10-07	<u> </u>	610 WELLS STR	EET 21613
		1B. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	one cause per line for (a), (b), and (c).			BETWEEN ONSET AND DEATH
		IMMEDIA	TE CAUSE (a)	nrombosis		
		Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF			
		rise ta immediate cause (a),(stating the underlying couse((b) DUE TO, OR AS A CONSEQUENCE OF			
		lost Underlying Couse	(c)			
		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OF	RCONDITION GIVEN IN PART 1(a)	
	No.	<i>f</i> .				
()	SE	196. DATE OF OPERATION 196. C	ONDITION FOR WHICH OPERATION WAS PE		20b. 1F YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
146 5	CERTIFICATION	21a ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	YES NO E	ter nature of injury in Part 1 or Part 2,	Itom 181
		GOR CONTRIBUTING GOODS OF DEATH	HOUR A.M. Month Day Year		ner nature of injury in rail 1 of rail 2,	Helli To.)
	MEDICAL	(If either, natify medical examine 21d. INJURY OCCURRED 21e I	PLACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street or R F.D. M	Vo. City or Town	Caunty State
		While Not while of work	COFFICE BUILDING, ETC.	/	10	•
		22a, I certify that (I) (this	s hospital) attended the decease	ed from 140 rch 18, 19, 9_6 and thot in (my) (our) o	68 to February, 19	_68_, that (I) (we) last
		sow the deceased of	(I) (we) (did (did not) view the	Y_Opand that in (my) (our) of body ofter death.	pinion death accurred on the do	ote and hour and from the
		22b. SIGNATURE	(i) we (cite (did ties field ties		22c.	DATE SIGNED
		Au	wand	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	Feb. 10, 1968
		22d. PHYSICIAN'S NAME (Type) J EDW	Til Diggman ic	22e. ADDRESS		
1					Street, Cambridge	
1	23a.	BURIAL, CREMATION, 23b. D		CEMETERY OR CREMATORY	23d. LOCATION (City or Tawn)	(County) (State)
H		BURTAN DIRECTOR	2/11/68 ADDRESS	MADISON 250 RECO	MADT SON BY REGISTRAR 25b. REGISTRAR'S	DOR MD.
á	24.	Arelinish O.	01.0	BRIDGE, MD.		JIOHA) UKE



-1	0000.		ND STATE DEPARTMENT OF H , 301 W. PRESTON STREET, BALTI		
ı	0256 _b	DIVISION OF WITHE RECORDS	CERTIFICATE OF DEATH	IMORE, MARTLAND 21201	02552
	DECEASED-NAME Fir (Type or print) W111		նց Shannahan	20. DATE OF DEATH Feb. Month 28 Day	1968 1;45M
	%X Male		S DATE OF BIRTH Aug. 24, 190	6. AGE (In years lost birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
7o.	BIRTHPLACE (Stote or foreign untry) Dorchester	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Dorchester	Md.
	CITY OR TOWN OF DEATH Cambridge	give street-pddress) Do	rchester Ave during me	t of Reginalis exact retracts	12b KIND OF BUSINESS OR INDUSTRY LV 🕀 T
13d	n. USUAL RESIDENCE (Where dece mission) STATE Lary Land	osed lived, if institution: Residence before		MITS? 13e. STREET AND NUMBER 107 Dorches	ster Ave.
14.	FATHER'S NAME First John	Middle Lost William Shanna	han Be	rst Middle SS10	Curry
16	o. WAS DECEASED EVER IN U.S. A		NO. 17. INFORMANT		ester Ave.
	PART I. DEATH WAS CAUS	DIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF	en Jesean		APPROXIMATE INTERVAL BETWEEN DASES AND DEATH (VCC) Grant Control of the Contro
CERTIFICATION	19a DATE OF OPERATION 19	D. CONDITION FOR WHICH OPERATION WAS P	NOT RELATED TO THE TERMINAL DISEASE OR CO ERFORMED 200. AUTOPSY? YES NO 1	ONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
MFD:CA1 CF9		HOUR A.M. Month Doy Yeo	9	nature of injury in Part 1 or Port 2,	Item 18.)
	While Not while of work of wor	e. PLACE OF INJURY (AT HOME, FARM, SIREET, F. his haspital) attended the deceasalive an	sed fram , 196		County State (i) (we) last te and haur and fram the
	22b SIGNATURE 22d. PHYSICIAN S	et p	ATTENDING -M	ED. STAFF 22c. 1	DAYE SIGNED
23	NAME (Түрө)	DATE 23c NAME OF Arr. 1.1968 Dorch	CEMETERY OR CREMATORY ester Nemorial P	128d LOCATION (City or Town) ark Cambridge	(County) (State)
24	FUNERAL DIRECTOR	ADDRES			



_ 1	T	J2567 tem 8 Film G398	DIVISION OF VITAL RECORD	AND STATE DEPARTME DS, 301 W. PRESTON STRE CERTIFICATE OF D	EET, BALTIMORE, MARYLAND	21201
death.	1. D	CCEASED NAME Furst (ype or print) ROCFE	Middle	SHOEMAKER	2a. DATE OF DEATH	b. 28 1968 P. M
	3. \$	Male	4. RACE White	S. DATE OF BIR	8, 1910 last bit	thday) YRS. IF UNCER I YEAR IF UNCER 24 HRS. MONTHS OAYS HOURS M.N.
, , , , , , , , , , , , , , , , , , ,	COU	canada Canada	76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARR WIDOWED DIVORC	Dorchest Dorchest	Md.
		TITY OR TOWN OF DEATH Cambridge	g ve street address) Cambridge	Md. Hospital	12o. USUAL OCCUPATION (Kind of during most of working life, even	work done if retired.) 126. KIND OF BUSINESS OR INDUSTRY
	130. adm	LSUAL RESIDENCE (Where decease issian) STATE Md	ed lived, if institution. Residence before 13b. COUNTY Dorcheste	r Cambridge	36 INSIGE CITY LIMITS? 13e STREET AND YES NO X 1500 HE	NUMBER ambrooks Blvd.
	14.	FATHER'S NAME First Clyde	Middle Los Shoen	aker	DEN NAME First Bess	Middle Lost ? Vivian
	16a	WAS DECEASED EVER IN U.S. ARM (es, po or unknown) (It yes give we	SED FORCES? Or or dates of service) 16b SOCIAL SECUR 100–20-	8240 Mr. David	d Glover, 1500 Ha	Address Cambridge Md.
	NC	Canditions, if any, which gave inse to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) IDITIONS CONTRIBUTING TO DEATH BU	OF T NOT RELATED TO THE TERMINAL	Sclenson DISEASE OR CONDITION GIVEN IN PART	
.χ	CERTIFICATION		CONDITION FOR WHICH OPERATION WA	YES 🗀	NO [
	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin 21d INJURY OCCURRED While Nat while at work of work	H HOUR A.M. Month Day Y	egr 19 21f. LOCATION Street	RRED (Enter noture of injury in Part ar R F.D. No. City ar Town	Caunty State
		22a. I certify that (I) (thi saw the deceased al	is haspital) attended the dece live an 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	ased fram_2_//- _196, and that in (my he bady after death.	, 19.65, ta 2 - 3) (our) opinian death occurred	an the dote and hour and from the
1		334 BHACIGIVA.C	Baumann, MD		ESS ubora St., Cambri	0 3-1-68
£	7	27 042 25 042		of cemetery or crematory ester Memorial		ge, Maryland
1		FUNERAL DIRECTOR Compte Funeral	ADDR Serfice, Cambri	dge, Maryland	250 REC'D BY REGISTRAR 1968	REGISTRAR'S SIGNATURE



1	1	12569		301 W. PRESTON STREET, BALTI		
	Т			CERTIFICATE OF DEATH	,	02554
death.		DECEASED-NAME First (Type or print) MARTIN	Middle	SPICER	Zo. DATE OF DEATH	1988 12:054
haurs after	3.	MALE MALE	4 RACE NEGROID	S. DATE OF BIRTH JANUARY 18	6 AGE (In years lost birthday) YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS M.N.
	7a.		7b. CITIZEN OF WHAT COUNTRY? USA		9 COUNTY OF DEATH DORCHESTER	Md
		CITY OR TOWN OF DEATH CAMBRIDGE	11 NAME OF HOSPITAL OR INS	TITUTION (If not in hospitel 120, USUA	L OCCUPATION (Kind of work done stof work to all fe, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
	13d adr	. USUAL RESIDENCE (Where decease	d lived, if institution. Residence before 13b COUNTY HESTER	CAMBRIDGE 3a. INSIDE CITY LI YES NO		TREET
	1 14.	FATHER'S NAME First FORTUNE	Middle Lost SPICER	IS. MOTHER'S MAIDEN NAME FO	rst Middle	SPICER Lost
	16	. WAS DECEASED EVER IN U.S. ARMI		17. INFORMANT	Address	
		PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if any, which gave rise to immediate cause (a).	one cause per line for (a), (b) and (c). BY E CAUSE (a) Cardiac dec DUE TO, OR AS A CONSEQUENCE OF (b) arterioscle			APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
	FICATION		DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BUT NO ONDITION FOR WHICH OPERATION WAS PER	OT RELATED TO THE TERMINAL DISEASE ORC	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
	1 8	210. ACCIDENT WAS UNDERLYING		YES NO LA 121c. HOW INJURY OCCURRED (Enter	CAUSES OF DEATH? noture of injury in Port 1 or Port 2, I	tem 18.)
	MEDICAL	Iff either, natify medical examine 21d INJURY OCCURRED 21e. F While Not while at wark of wark	P.M. 19 PLACE OF INJURY (AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC	TORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
		220. I certify that (I) (this saw the deceased ali causes stated above,	ve an Jeb 3 1 (I) (we) (did) (did not) view the	ed from, 19 968and that in (my) (our) opi body after death.	, to 100. 7. 19 nion death accurred on the do	te and hour ond from the
		22d. PHYSICIAN'S NAME (Type) J. ED	Hasen !	DEGREE PHYS DI	22c I	oate signed eb. 5, 1968
Q	230	BURIA, CREMATION, PEMOYAL (Specify)	ATE 23c. NAME OF	CEMETERY OR CREMATORY BETHEL	23d LOCATION (City or Town) CAMBRIDGE	(County) (State)
(4)	24	FUNERAL DIRECTOR	dair CAMBRIO	2So. REC'D B'	Y REGISTRAR 2Sb. REGISTRAR'S	

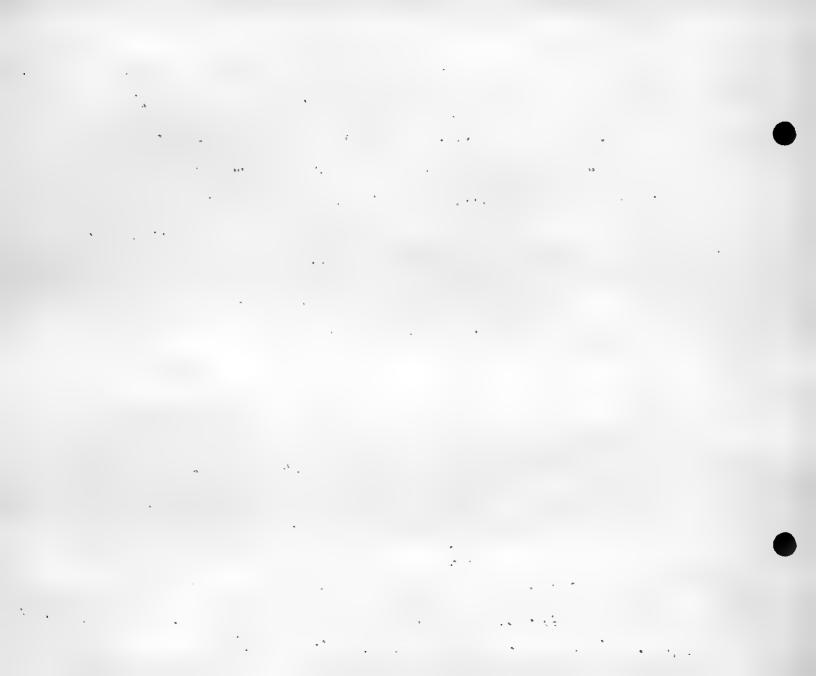


MARYLAND STATE DEPARTMENT OF HEALTH .256 4 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02555 CERTIFICATE OF DEATH Middle Inst 20 DATE OF DEATH DECEASED-NAME First (Type or print) CHARLES S. TODD burial-transit permit. Then please remove carbon papers. Páges 1 burial, cremotion, or removol, and in any event, within 72 hours after 3. SEX S DATE OF BIRTH IF JNDER I YEAR IF UNDER 24 HRS 4. RACE 6 AGE (in years White Male Feb. 15, 1914 iost biothday) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours 7b. CITIZEN OF WHAT COUNTRY? 7a, BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) Maryland Dorchester physician and completely filled in USA WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Cambridge give street address) during most of working life, even if retired)

waterman-Retired INDUSTRY attending physician una companiament Then please remove corban Cambridge Md. Hospital 13e STREET AND NUMBER 404 High Street 13a. USUAL RESIDENCE (Where deceased fived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM TS? admission) STATE 13b. COUNTY Dorchester Cambridge YES Md. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Last Middle Lost Rena ? Todd Ray C. TETE Parks 17 INFORMANT Mrs. Charles S. Todd, Cambridge, Maryland 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, ar unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY OF URINARY BLADDER CARCINOMA signed by the attend burial-transit permit IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave t nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physicion. To FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying couse. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the b f Health priar to b Multiple Sclerosis 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO 🔲 YES [7] 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 23c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year of (If either, natify medical examiner) detached be detached State Dept. c 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street of R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 10-20-67, saw the deceased alive on 2-28-68 19 ___ and that in (my) four and that in (my) (our) opinion death occurred on the date and have and from the poge 3 should be filed with the 5 causes stated abave, (1) (ive) (did) (did) (did) view the body after death. 22b SIGNATHRE ATTENDING DIRECTOR ADDRESS OO Md.Ave., Cambridge, Md. 21613 PHYSICIAN S E. Bunker. Albert director, should be 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, 23b. DATE (State) Cambridge, Maryland Greenlawn Cemetery Mar. 2, 1968 2So. REC D BY REGISTRAR 4 FUNERAL DIRECTOR LECTOR Service, Cambridge, Maryland VR A15 (4) 30M REV 1/68 MAR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02556 CERTIFICATE OF DEATH Last 1. DECEASED-NAME First 2o. DATE OF DEATH 2b. Hour (Type or print) MILDRED LLCYD TRAVERS FEBRUARY 7:50AM 3. SEX 4 RACE IF UNGER 24 HRS. S. DATE OF BIRTH 6. AGE (In years IF UNGER 1 YEAR lost birthday HOURS 8/6/94 FEMALE WHITE requires that the death certificate be executed within 24 hours 7g. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED T U.S. WIDOWED T DIVORCED F DORCHESTER Med and in any event, within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hosp'to) 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR STATE HOSPITAL HOUSEWIFE INDUSTRY RURAL CAMBRIDGE signed by the attending physician and campletely burial-transit permit. Then please remove carbar 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13b COUNTY DOR. admission) STATE VIENNA 14 FATHER'S NAME First Middle Lost 15 MOTHER S MAIDEN NAME First BILLY LLOYD BERTIE 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no. or unknown) burial, crematian, ar remaval, 219-05-0367A HOSPITAL RECORDS APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) PULMONARY EMBOLISM, MASSIVE. RIGHT DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) PHLEBOTHROMBOSIS, LEFT rise to Immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) r this certificate has been si detached for use as the b te Dept. of Health priar to b 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES K NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day directar, page 3 should be detached f should be filed with the State Dept. of (If either, notify medical examiner) / AT HOME, FARM STREET FACTORY.] 21f. LOCATION Street of R.F.D. No. 21d IN. JRY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased fram—saw the deceased alive an 2/25/68 19 , and 1/30 ___, 19<u>__68</u> , to__ 2/26 , 19 68 , that (I) (we) last , and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above, (1) (we) (did) (did nat) view the body after death. 22b_SIGNATURE 22c DATE SIGNED MED. DIRECTOR **ATTENDING** 2-26-64 DEGREE 22e. ADDRESS E.S.S.Hospital, Cambridge, Md. NAME (Type) PETER W. RIECKERT, PATHOLOGIST NAME OF CEMETERY OR CREMATORY 23d_ LOCATION (City or Jown) (County) (Stote) 25a. RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE 30M REV, 1/68



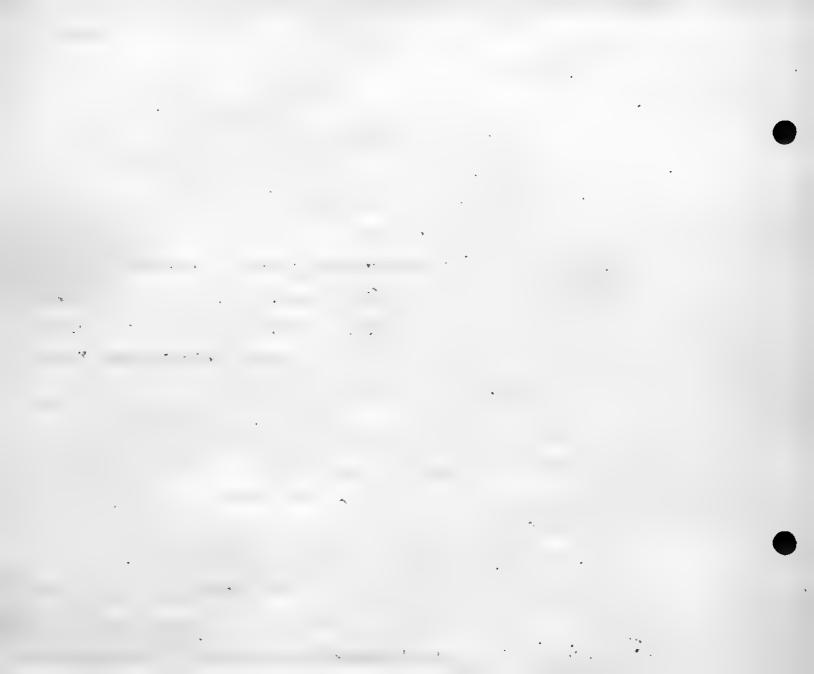
0 12		MARYLAND STATE DEPARTMENT OF HEALTH S257 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
FOR STATE		112554					
HEALTH DEPT	1 0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH ECEASED-NAME First Middle Lost 2a DATE KNOWN Manth					
5 5 6		ECEASED-NAME First Middle Lost 20. DATE KNOWN Month OF ESTI- DEATH MATED Feb					
- +/ or_ q	3 5						
2, and 3		Lorge To Table 1 Asses 28 1882 WA theory Months Days Hours Min Month Day	Year 2d. HOUR				
A 2 4	_		19 M				
		BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH 177 Dorchester U.S. WIDOWED DIVORCED Dorchester					
ges for			Md 12b KIND OF BUSINESS OR				
ofter death Thy			INDUSTRY				
Sive ng h th	13a.	USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER					
hours ofte Item 18. Gi Office olon Jand 2 with		miss on) STATE Md. 13b (OUNT) Dorchester Cambridge YES NO 724 Glasgow	Sta				
ours em ffice nd 2 ter	14 F	ATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Last				
thin 24 hours Till in Item I niner's Office pages I and 2 hours after a		William L. Wheatley Amanda	Marshall				
thin 24 miner's pages I hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 17 ADDRESS 77 A					
vrthi amii e pe	(1	es, na, ar unknawn) (if yes give war or dottes of service) Mrs. Edmund Burns, Cambridge.					
ed with pill in pill in 72		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
et uted nding in Medical I		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Coronary Occlusion	Instant				
exe andi Me t pe t pe		TUE TO, OR AS A CONSEQUENCE OF					
be "phief hief ansi		Canditians, if any, which gave rise ta immediate cause (a).					
rufd rord re C al-tr		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF					
te should be e the word "per J to the Chief I a burial-transit nd in ony even		(5)					
fica ing ing os I, a	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)					
INER: This certificate, writing should be forwardities. 3 should be used astrony are removal	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?				
ote, of to be u	ZIE.	WAS PERFORMED?	YES NO 🔀				
Tiffic d b l bld p p ,	55	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A M. 216 TIME OF INJURY Month, Day, Year PORT 1 OF PORT 2, Ite	m 18)				
INER: shoul files. 3 shou	MEDICAL	_CAUSE OF DEATH P.M. 19					
bical EXAMINER: se execute the certil ctor. Page 4 should ned for your files. ECTOR: Page 3 should burial, cremation,	25	21d NJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 21f ŁOCATION Street or R.F. D. Na City or Town factory, affice building, etc.)	County State				
EXA urte you you		WHILE NOT WHILE foctory, office building, etc.)					
A1 Por for for middle		220. I certify that I took charge of the remains described above, held an Autopsy, Inspection X, Inquiry	ond in my opinion				
director.		deoth resulted from: Noturol couses 🗷 , Accident 🗌 , Suicide 🔲 , Homicide 🔲 , Undetermined monner [
pleose directrerations DIREC		ACTUAL CHIEF MEDICAL EXAMINER (TIONES				
TY. TY. Be era		SIGNATURE M.D. ASSISIANT MEDICAL EXAMINER 220. DATES					
o DEPUTY necessory, the funera S may be in D FUNERAL		NAME Type) John Mace Jr. M.D. DEPUTY MEDICAL EXAMINER KJ 2/3/1 ADDRESS(Street, city, town, or county) Cambri					
necessory, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Hearth prior to burial, crem	230	BORIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City of Town)	(Caunty) (State)				
		REMOVAL (Specify) Burial Feb. 1. 1968 Green Lawn Cemetery Cambridge, M					
3	240	FENERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 250. REGISTRAR'S S	SIGNATURE				
VR A15ME (5)	X	Cambridge Md. Jarres 6 1993 Miles	MAN HOLESTS				



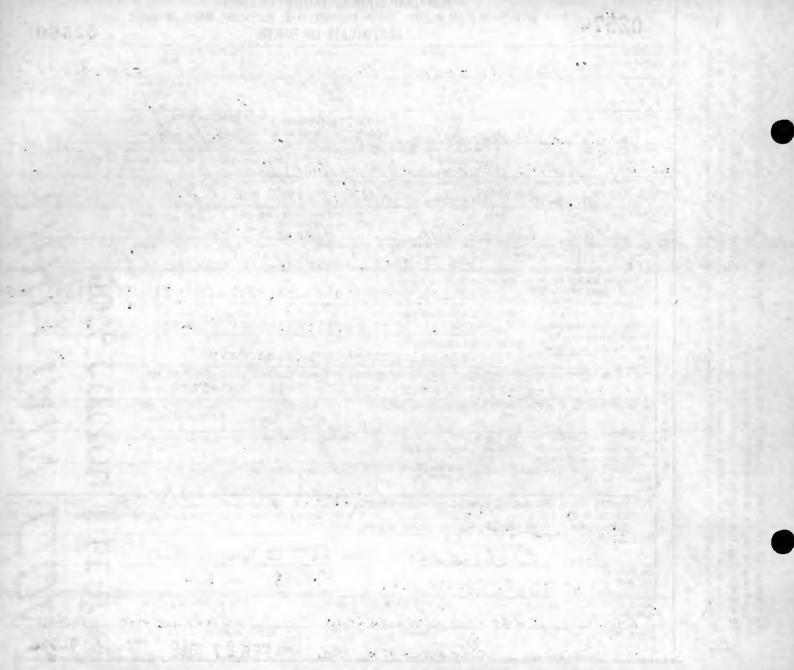
MARYLAND STATE DEPARTMENT OF HEALTH 12572 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1255X DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death. and (Type or print) unera FEBRUARY 1:30AM WARD SAMUEL 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) DAYS HOURS 1886 MALE NEGROID FEBRUARY 15. 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED MARYLAND DORCHESTER USA WIDOWED K DIVORCED [and in any event, within 72 this certificate has been signed by the attending physician and completely filled to leached far use as the burial-transit permit. Then please remaye carban paper 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working uta, even if retired.) INDUSTRY WILLIAMSBURG 13c CITY OR TOWN 130 USUA, RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? YES 💢 NO PARK LANE CAMBRIDGE 14. FATHER'S NAME Middle First Middle Lost 1S. MOTHER S MAIDEN NAME First WARD WARD PRISCILLA DAVID 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no or unknown) burial, crematian, ar remaval, LAFAYETTE AVE. 215-18-4825 ROSTE WARD 605 W. BALTI APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cardias veno: 3 sation agraravated 10dvs IMMEDIATE CAUSE (o) 4100, 0 DUE TO, OR AS A CONSEQUENCE OF nflernza Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Page 4 may be retained by the haspital ar attending physician. riorclerateb Hanertansive lo yrs PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) directar, gage 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta dinaaaherni as 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO X YES 🗀 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov (If either, notify medical examiner) (AT HOME FARM, STREET, FACTORY,) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased fram ______ 46/0/00 saw the deceased alive an_ and that in (my) (agr) apinian death accurred an the date and have and from the causes stated abave, (1) (see) (did) (did nat) view the bady after death. 226 SIGNATUR 22c. DATE SIGNED STAFF PHYS. ATTENDING MED DIRECTOR DEGREE PHYS 22d. PHYSICIANS 22e ADDRESS Praston -arvioni NAME (Type) HAROLD B. PLUMMER. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b DATE (County) BURIAL, CREMATION PEMOVAL (Specify) DOR. MD. MEEKINS NECK MEEKINS NECK ADDRESS 2So. REC D BY REGISTRAR FUMERAL DIRECTOR VR A15 (4) CAMBRIDGE, MD. 30M REV 1/68

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Control of the Contro	1	DIVISION OF THE RECORDS, SOT W. PRESIDIN STREET, DACTIMORE, MARTEMED 21201	
	ı	CERTIFICATE OF DEATH	. 2559
€ _2€	1. D	DECEASED-NAME First Middle Last 2a. DATE OF DEATH	2b. HOUR
deot rerol		(Type or print) Robert C. Whitting ton . Manth 2 Day	20 Year 65 1.05 M
<u> </u>	3. S	lost hirthday	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS NOURS MIN
\$1	L	N 4 - 29 - 1887 80 YRS.	
of d. s.d.		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1
2 6 2 2	10		ounty Md.
requires that the death certificate be executed within 24 hours after death physician. I signed by the ottending physician and completely filled in by me funeral burial-transit permit. Then please remove corpor-papels. Pages and 2 burial, cremation, or removal, and in any event, within 24 hours after death a burial, cremation, or removal.	Ι.	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street oddress) Ambridge Epstein Share State Hospital FARmer	12b KIND OF BUSINESS OR INDUSTRY
od wi	130	ONDER RESIDENCE (Where deceosed lived if institution, Residence before 13c CITY OR TOWN 130 INSIDERITY LIMITS? 13e. STREET AND NUMBER	
complete over control over cont	adn	mission) STATE MARYLAND 136. COUNTY Somer SET MARION STATEON YES NO	
exec any	14	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
be ex	L	George Whittington SAVA	Ward
tote be exerticate ond college remo		b. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Address	/
artificate by physician elen pleose oval, ond i	L	Yes, no, ar unknown) (If yes give war or dotes of service) 215-38-03544 Medical Records Ensier & Shore S	
cer The The	Г	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne death ce ottending permit. The	L	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) PRONOSFORMEUROUI A	DAYS
otte on,	L	DUE TO, OR AS A CONSEQUENCE OF	
the the saft production and the	L	(anditions, if any, which gave) rise to immediate cause (a). (b) HROWIC BRAIN YNDROME	YEARS
tron cre.		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	of VEADC
quires physici signed buriol-l	L	last (c) OF MERCH ZED MORTERIOSCHERO)	14 1 K-14/67
requestion significant properties and contract propert	L	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ding ding seen the or to	NOI	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 120g. AUTOPSY? 120b. IF YES, WERE FINDINGS (I	ONSIDERED IN CERTIFYING
The law ratending hos been se as the h prior to	CERTIFICATION	YES NO F	MOIDERED IN CERTIF AND
or or or start to the horizontal transfer of the		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, 1	Item 181
Figure 1	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M.	
Page 4 may be retained by the hospital or attending physician. • FUNERAL DIRECTOR: After this certificate has been signed by the ottending phy director, page 3 should be detached for use as the buriol-transit permit. Then should be filed with the State Dept. of Health prior to buriol, cremation, or remova	MED		County State
the lathis De De Jeto		at work of work	
bing by the After the de-		22a. I certify that (I) (this hospital) attended the deceased from 1/-30-, 1967, to 2-20-, 19	68, that (I) (we) last
OR ATTENDIN De retained by HIRECTOR: After e 3 should be	П	22a. I certify that (I) (this hospital) attended the deceased from	te ond havr and from the
R ATTENI retained retained retained as should with the		22c. 1	DATE SIGNED
OR be red w	١.	DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRECTOR PHYS.	2-20-68
PITAL OR may be RAL DIR		220. ADDRESS 22e. ADDRESS	Caracia W
ro Hospital Page 4 may O FUNERAL I director, pog should be fil	L	NAME (Type) ERADRO M. KRED EASTERN SHORES HOSPI-	KHURIDGE, TO
O HOSPI Page 4 n O FUNER director, should b	230	D. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
5- 5- 2	0.4	over to 160 pranch marion tor	Mensel 1110
VR A15 (4) 30M REV. 1768	24	Norma J. Ward Mariow Sto. Md. 250. REC'D BY REGISTRAR 256. REGISTRAR'S NORMA DATE FEB 2 6 1968	SIGNATURE COMMENT
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1	MARTLAND STATE DEPARTMENT OF HEALTH
	02574 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
11	
9	DECEASED-NAME First Middle Lost 2a. DATE OF DEATH (Type or print) Manth Doy Year 244
	11ary 61,200 ETh Williams FED. 2279 1968 11:
3.	last birthgay) MONTHS OAY'S HOURS
7	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	Maryle and United States WIDOWED DIVORCED & Worchester
2 1	CITY OR TOWN DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 120. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)
Z I	O. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 135 CITY OF TOWN 13d. INSIDE UTILITY LIMITS? 136 STREET AND NUMBER
50	mission) STATE Maryland 13b. COUNTY Caroline Ridgely YES NOW K. F
21	FATHER'S NAME First Middle Lost (18. MOTAER'S MAIDEN NAME First Middle Lost
1	50. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
	Yes, no or unknown) (If yes give war or dates of service) 216-38-3808 Claribell. Window FPN.
Ī	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
П	PART I. DEATH WAS CAUSED BY: Cardiac Decompensation (auricular Fibrillation) In
	Conditions, if any, which gove) Due to, or as a consequence of Cardiovascular Disease 10 yrs
	rise to immediate cause (a),
	stoting the underlying cause lost. U. a. v. a. consequence of eneralized arterioslcerosis 25 yrs
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	ded Inflance shout 4 weeks ago Dischosis by Attes
	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
2	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21d. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 21b. HOW INJURY OCCURRED (Froter nature of injury in Part L or Part 2, Island 18)
	If either, natify medical examiner) P.M. 19
	While Not while (OFFICE BUILDING, ETC.)
ı	di work
ı	sny the desensed dive an 10/08 19 and that in (my) (syrt opinion death occurred on the date and hour and from
1	cautes stated above, (1) (we) (did not) view the body after deoth.
١	226 SIGNATURE) DEGREE PULY DE
1	DIACTOR PRIS.
1	22d. PHYSICIANS NAME (Type) harold B. Plummer M.D. 22d. Maryland
2	lo. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. JOCATION (City or Town) (County) (State)
7	Genoval (Specify) 2-25-68 Green Oro Green on Med.
5 3	4. JUNERAL DIRECTOR 25d. REGISTRAR'S SIGNATURE
L	4.6. Bouland Streams loves, med. DATE FFB 27 1968 Charles Judges



MARYLAND STATE DEPARTMENT OF HEALTH 02575 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0256 CERTIFICATE OF DEATH Middle Last 1. DECEASED-NAME First 2a. DATE OF DEATH 2b. HOUR death. (Type or print) Month alter ames 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS DAYS HOURS Oct 5 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED NorchE DIVORCED WIDOWED X 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR law requires that the death certificate be executed within during mast of warking life, even it retired.) estreet address) JINDUSTRY. please remave carban 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 8710 Wilson NO T in any 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle and 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (If yes give war or dates of service) Yes, not of unknown) 2-03-2006 141,021 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) erebral & coronary Insufficiency yrs 20 crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) burial-transit MArte iosclerotic Cardio Renal Discase rise to immediate cause (o), signed by DUE TO, OR AS A CONSEQUENCE OF attending physician. stoting the underlying couse Generiaized Arteriosclerosis 25 vrs PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 21 Basi ceti s Carcinoma of far use as the t f Health prior tab whs Multiple O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO 🗐 Page 4 may be retained by the haspital ar 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. be detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 1/2/ saw the deceased alive on 2/5/68 19 ond that i and that in (my) (our) apinian death occurred on the date and hour and from the causes stated/abave, (1) (we) (did not) view the bady after death. 22c, DATE SIGNED 22b. SIGNATURE ATTENDING coulde DEGREE director, page should be filed PHYS. DIRECTOR 22d. PHYSICIAN'S 11 22e, ADDRESS arola B. lunn r L.D NAME (Type) Preston Caroline Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (Stote) 23a. BURIAL, CREMAJION, REMOVAL (Specify) edera ADDRESS 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) DATE in library md.

